

Approved For Release 2000/04/12 : CIA-RDP64-00360R000400110048-4
SERVICES OTHER THAN PERSONAL

D. O. Vou. No.

Bu. Vou. No.

00360R000400110048-4

U. S. **COST REIMBURSABLE**

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. 1365

To (Payee)

PAID BY

SAPC 8711

COPY 1 OF 3

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				4,796	65
Use continuation sheet(s) if necessary							
Shipped from to Weight Government B/L No.							
I certify that the above bill is correct and just and that payment has not been received.							
STATOTHR (Sign original only)							
Date 8-17							
Per							
Contract No. A101							
Date							
Req. No.							
Date							
Invoice Rec'd.							
Pursuant to authority vested in me, I certify that this account is correct and proper for payment							
† Approved for \$							
By							
Title							
(Contracting Officer)							
STATOTHR							
Date 9/17/52							
SIGN ORIGINAL ONLY							
Title							
Date							
Invoice Rec'd.							
Amount verified; correct for							
STATOTHR (Sign original only)							
Date							
Invoice Rec'd.							
Total						\$ 4,796	65✓

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Shipped from to Weight Government B/L No.

I certify that the above bill is correct and just and that payment has not been received.

STATOTHR (Sign original only)

Date 8-17

Per

Contract No. A101 Date Req. No. Date Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment

† Approved for \$

By

Title

(Contracting Officer)

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATOTHR

Paid by { Check No. dated 19 for \$ on Treasurer of the United States in favor of payee named above.
Cash, \$, on 19 Payee (Sign original only)

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* When a voucher is signed or received in the name of a company or department, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary. If the approving officer will sign on the line below "Approved for \$", and

Title

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STATOTHR

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